

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010044

**Entity Name:** CASBAH, L.L.C.

**Current Principal Place of Business:**

1000 SEMINOLE DRIVE  
200  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

1000 SEMINOLE DRIVE  
200  
FORT LAUDERDALE, FL 33304

**FEI Number:** 65-6347823

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NICASTRO, NICOLE  
639 N.E. 17TH WAY  
FT. LAUDERDALE, FL 33304 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NICASTRO-MAGGIO, NICOLE  
Address 639 N.E. 17TH WAY  
City-State-Zip: FORT LAUDERDALE FL 33304

Title MGRM  
Name STILES, TRESA  
Address 2833 NE 38TH ST  
City-State-Zip: FT LAUD FL 33308

Title AUTHORIZED REPRESENTATIVE  
Name TONJA HADDAD  
Address 315 SE 7TH STREET  
City-State-Zip: FT LAUDERDALE FL 33301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICOLE NICASTRO-MAGGIO

**CO-OWNER**

**02/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date